



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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**STATE OF HAWAII
STATE ETHICS COMMISSION**

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Weisman	Donald	B.	538-7021, x16
MAILING ADDRESS (Street)			FAX
245 N. Kukui St., Ste. 204			538-3443
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

American Heart Association			538-7021 x16
MAILING ADDRESS (Street)			FAX
245 N. Kukui St., Ste. 204			3443 538- 7021
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Don Weisman			538-7021 x16
MAILING ADDRESS (Street)			FAX
American Heart Association of Hawaii 245 N. Kukui St., Ste. 204			538-3443
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Donald B. Weisman

2/25/03

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<i>Carolyn Smith</i>		<i>VP of Advocacy / PMA-AHA</i>	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
<i>Pacific Mountain Affiliate of AHA</i>		<i>206-632-6881</i>	
MAILING ADDRESS (Street)		FAX	
<i>4414 Woodland Park Avenue N.</i>		<i>206-632-8478</i>	
(City)	(State)	(Zip Code)	
<i>Seattle</i>	<i>WA</i>	<i>98098103</i>	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<i>Carolyn Smith</i>		<i>3/10/2003</i>	
(Signature of Authorizing Officer or Person Represented)		(Date)	